



I want to support the Recreation and Wellness Complex



Authorization Form for Pre-Authorized Payment Plan

TOWN OF ATIKOKAN, 120 MARKS ST. ATIKOKAN, ON P0T 1C0

PHONE: 807-597-1234 FAX: 807-597-6186

This donation is made on behalf of an Individual _____ a Business _____

(Please Print)

LEGAL NAME (s) _____

EMAIL _____

ADDRESS _____

BANK _____ BANK _____ ACCOUNT NUMBER _____

BRANCH ADDRESS _____

DATE _____ SIGNATURE _____

This authorization may be cancelled in writing or by calling 597-1234 up to two weeks before the due date of the next withdrawal. There will be a service charge for NSF or returned payments and accounts may be dropped from the plan after two such transactions without notice. You may obtain a sample cancellation form, or more information on your right to cancel a PAD (Pre-Authorized Debit) at your financial institution or by visiting www.cdn.pay.ca You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.

I have enclosed a VOIDED cheque.

Please Note:

*** PRE-AUTHORIZED PAYMENT PLAN***

Personal information on this form is collected under the authority of the "Municipal Act" and will be used only to administer a Pre-Authorized Payment Plan providing for the automatic deduction of a donation for a new Complex or arena upgrades from your account. Questions about this collection should be directed to The Town of Atikokan, Telephone (807) 597-1234.

DONATION EQUAL MONTHLY PAYMENT OPTION.

I, as the account holder, authorize the payee and the above noted financial institution to deduct from my bank account a donation commencing the last business day of the next month, and continuing on the last business day of each following month thereafter.

\$ _____ per month

The Town of Atikokan will issue a donation receipt annually.

DATE _____ SIGNATURE _____